

**DEPARTMENT OF LABOR & INDUSTRY
LICENSED ADDICTION COUNSELORS PROGRAM**
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<http://www.lac.mt.gov>

CONTINUING EDUCATION APPROVAL REQUEST FORM

Name: _____ Address: _____
Please type or print name/address in the
space provided. This form will be sent to
you for confirmation of hours approved or
disapproved.

City State Zip Fax Number

Telephone

E-mail Address

Program: _____
You must submit an agenda, outline, brochure, or schedule, and information concerning the professional background of presenters.

Sponsor: _____

Location: _____ Dates: _____

Number of CEU Hours Requested: _____

Requested By: _____

Address: _____ E-mail: _____

City State Zip

PROGRAM NUMBER: _____
NOTE: If the program is approved, this number will be used for identification purposes when reporting attendance for credit

COUNCIL USE ONLY

APPROVED: _____ CONTINUING EDUCATION HOURS GRANTED: _____

DISAPPROVED: _____ REASON: _____

Note: You may request an appeal of this decision. Please send additional information for the Council's review at the next scheduled board meeting.

Please ensure the certificates of completion provided to the participants are signed and include the participant's name, the title of the workshop, the date(s) and the number of hours awarded.